

Owner/Authorized Agent Signature

# **ELECTRICAL PERMIT APPLICATION**

CITY OF EVERETT PERMIT SERVICES 3200 CEDAR STREET, EVERETT, WA 98201

(P) 425-257-8810 | FAX 425-257-8857 | (E) everetteps@everettwa.gov | www.everettwa.gov/permits

	PROJECT SITE INFORMA	ATION			
PROJECT ADDRESS:		BUILDING AREA:sq ft			
PROJECT TYPE: NEW CONSTRUCTION	ADDITION  TENANT IMPROVI	MENT REMODEL			
BUILDING USE: SFR TOWNHOUSE		JLTI-FAMILY - # OF UNITS: COMMERCIAL			
ELECTRICAL APPLI	CATION INFORMATION &	R DESCRIPTION OF WORK			
CONTRACT PRICE OF WORK: \$	ASSOCIATED BUILDIN	NG PERMIT # (if applicable):			
DESCRIBE SCOPE OF WORK:					
THIS INSTALLATION INCLUDES THE FOLL	WING SCOPE: (SELECT ALL T	THAT APPLY)			
LINE VOLTAGE WORK?	/ES - Select Scope:  Service	Feeder Circuits-#: Complete Re-wire			
LOW VOLTAGE WORK? NO	/ES- # of Devices:				
SELECT SCOPE (REQUIRED): Data	Intercom  Thermostat	☐ Audio ☐ Secure Access ☐ Security System			
☐ Fire Alarm		nclude electrical wiring rough-in of the system. An addition			
<u></u>	nit is required for review of device loc	cation and installation approval.			
Other (List	CODE COMPLIANCE				
IS THIS PERMIT EDUCATION, INSTITUTIONAL, HEALTH AND/OR PERSONAL CARE FACILITIES: NO YES See Below & Pg. 2  By checking this box, I am stating that I have read and understand all of WAC 296-46B-900, selected the specific reason on page 2  of this application (see next page), AND Plan Review is NOT required because I meet all of the following sub sections that do not require Plan Review.					
ARE YOU AN OWNER PERFORMING WORK AS THE CONTRACTOR WITHOUT ELECTRICAL LICENSURE: NO YES -See Below & Pg. 3  Pursuant to RCW 19.28.261, property owners and leaseholders cannot perform electrical work on buildings for rent, sale, or lease without the proper electrical licensing and certification, or exemption. By checking this box, I am stating that I have completed and signed the AFFIDAVIT on page 3 of this application to receive an exemption from this licensing/certification requirement.					
	CONTACT INFORMATI				
OWNER NAME:	TENANT BUSINESS NA	AME (If Commercial):			
OWNER MAILING ADDRESS: STREET					
СПУ	1	STATE ZIP			
OWNER PHONE:	OWNER EMAIL:				
CONTRACTOR NAME:					
CONTRACTOR ADDRESS: STREET					
CITY		STATE ZIP			
CONTRACTOR PHONE:	CONTRACTOR EMAIL:				
CONTRACTOR LIC. #(REQUIRED):	CITY OF EVER	RETT BUSINESS LIC. #(REQUIRED):			
PRIMARY CONTACT: OWNER CONTR	CTOR OTHER (Please Specify				
CONTACT NAME:	CONTACT PHONE:				
	CONTACT EMAIL:				
AGREEMENT: I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be completed whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. That I am authorized by the owner of this property to perform the work for which application is made and I comply with the State Contractors Law 18.27 RCW and 296.200 WAC.  City of Everett Official Use Only  PERMIT #*					

Date

(Revised 1/11/2019)

Page 1-Application



Assisted living facility

Maternity home

center

Private alcoholism hospital

Private psychiatric hospital

Ambulatory surgery facility

Residential treatment facility

Adult residential rehabilitation

Renal hemodialysis clinic

Enhanced service facility

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

### WAC 296-46B-900: ELECTRICAL PLAN REVIEW

**DIRECTIONS:** Read the WAC section below to determine if plan review is required or not required. Then select the box next to (a) to tell City Staff if plan review is not required and select the box next to the specific reason from WAC 296-46B-900. If plan review is required, select the box next to (b) and (c) to acknowledge that plan review is required and the electrical plans have been provided with this permit application.

with this	hemm	аррисацон.					
* (3) Electi	If item	(a)-(ii, iii, or v) is s	elected, th	e work must <u>also</u> c	comply with section (a)-(vii).	See arrow f	ow chart below.
_	-	rical plan review is <u>r</u>	ot roquiro	d for:			
<b>□</b> (a	•	•	_	<u>u</u> 101.			
		(i) Low voltage syst					
	-0	(ii) Lighting specific	projects the	at result in an electri	cal load reduction on each fee	eder involved	in the project;
•	-0			• •	at result in an electrical load re esponding increase in the avai		_
		(iv) Stand-alone util does not include:	ity fed serv	ices that do not exce	eed 250 volts, 400 amperes wl	here the proje	ect's distribution system
		(A) Eme	rgency syst	tems other than liste	d unit equipment per NEC 700	).12(F);	
		(B) An e	ssential ele	ctrical system define	ed in NEC 517.2; or		
		• •		oump system.			
	-0	(v) Modifications to	existing ele	ectrical installations v	where all of the following cond	itions are me	t:
	(A) Service or distribution equipment involved is rated not more than 400 amperes and does not exceed 250 volts or for lighting circuits not exceeding 277 volts to ground;						
		(B) Does	s not involve	e emergency system	ns other than listed unit equipn	nent per NEC	700.12(F);
		, ,		•	eeders of an essential electric	•	, ,
		(D) Serv	ice or feed	er load calculations	are increased by 5% or less.		
		(vi) Electric power prating of 9600 watts		source(s) such as so	lar photovoltaic, fuel cell, or w	ind electric s	ystem(s) with a total
	<b>≻</b> □	(vii) For installations in (a)(ii), (iii), and (v) of this subsection to be considered, the following must be available to the electrical inspector before the work is initiated:					
	<ul><li>(A) A clear and adequate description of the project's scope;</li><li>(B) A load calculation(s);</li></ul>						
		(C) Wha	t the load o	hanges are, providir	ng both before and after panel	schedules as	s needed; and
		(D) Prov	ide informa	tion showing that the	e service and feeder(s) supply	ring the panel	(s) where the work is
				equate capacity for	any increased load and has co	ode complian	t overcurrent protection
		for that s			adiaal dantal and abinancati		iala ia a alimia an
					edical, dental, and chiropraction kept as bed patients for twenty		
	. <b>_</b>						
	,	rical plan review is re cies defined in this c	•	all other new or alte	red electrical projects in educa	itional, institu	tional, or health care
(c	) If a re	eview is required, the	e electrical p	olan must be submit	ted for review and approval be	fore the elec	trical work is begun.
	Table 900-1 Table 900-2						
		lealth or Personal Care Fa or Personal Care Facility	Plan Review	Educational ar	nd Institutional Facilities, Places of		Other Facilities
	Heenit-1	Туре	Required		Educational, Institutional, or Other Facility Types	Plan Review Required	
	Hospital Nursing	home unit or long-term	Yes		Educational	Yes	
	care uni	<u> </u>			Institutional	Yes	
	Rearding	home	Vac				

 A city authorized to do electrical inspections may require plan review on facility types not reviewed by the department.

PERMIT #\_\_\_\_\_

Page 2-Plan Review



## **ELECTRICAL PERMIT AFFIDAVIT**

#### Code Exemptions:

A property owner, renter or lessee may purchase a permit to do an electrical installation on his/her own or qualified leased property under the conditions as described in RCW 19.28.261.

A nonprofit corporation with current tax exempt status or a nonprofit religious organization may purchase an electrical permit as described in RCW 19.28.091(7).

### I am applying for the property owner exemption under the following conditions:

You ı	must select the option that applies to your situation:				
I swea	ar under penalty of perjury that:				
	I am a registered general contractor who is installing a temporary electrical service owned by me on a project where I am the general contractor				
OR					
I swea	ar under penalty of perjury that I am:				
	The owner of real property; or				
	The renter or lessee of real property. (You must provide a signed letter from the owner of the property granting permission for you as the tenant to perform electrical work on the property); or				
	A nonprofit corporation that holds a current tax exempt status as provided under 26 U.S.C. Sec. 501(c)(3) or a nonprofit religious organization, and the total value of the electrical work does not exceed thirty thousand dollars (\$30,000.00).				
AND					
	nust select the option that applies to your situation:				
	A single family residence THAT IS NOT intended for rent, sale, or lease AND I will be personally doing the electrical work AND I will occupy the residence for at least 24 months after completion of the electrical work;				
	A NEW 2, 3, or 4 unit residential property that IS intended for rent, sale, or lease AND myself and/or a regularly scheduled and paid employee(s) will be doing the electrical work AND I will occupy one of the units for at least 24 months after completion of the electrical work.				
	An EXISTING 1, 2, 3, or 4 unit residential property that IS intended for rent, sale, or lease AND myself and/or a regularly scheduled and pa employee(s) will be doing the electrical work;				
	A farm AND I, personally, and/or a regularly scheduled and paid employee(s) will be doing the electrical work;				
	An EXISTING place of business AND I, personally, and/or a regularly scheduled and paid employee(s) will be doing the electrical work;				
	A NEW place of business that is NOT intended for rent, sale, or lease AND I, personally, and/or a regularly scheduled and paid employee(s) will be doing the electrical work; or				
	Other property that is NOT intended for rent, sale, or lease AND I, personally, and/or a regularly scheduled and paid employee(s0 will be doing the electrical work.				
	I am a nonprofit corporation that holds a current tax ecempt status as provided under 26 U.S.C. Sec. 501(c)(3) or a nonprofit religious organization and the total market value of the electrical work does not exceed thirty thousand dollars (\$30,000.00), and th electrical work will be performed by appropriately certified electricians or certified and supervised trainees who are volunteering and not being compensated for electrical work per RCW 19.28.091(7).				
	I AGREE and wish to purchase an electrical permit under the conditions described above.				
	Owner Name (Print)				
	Owner Signature Date				
	Duito				

PERMIT #

Page 3-Affidavit